## Southwest Priority Training Program Nomination Form

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SOUTHWEST			Zone Priority by Position: of					
Name			Email					
Home Unit Identifier (e.g. AZ-ASF)								
Local Dispatch Office Unit ID (e.g. AZ-SDC)								
Employment Classification								
Agency/State, Cooperator (full-time), Cooperator								
(Supplemental), or Emergency Firefighter (AD)								
Trainee Position Applying For								
(*individuals may apply to 1 trainee position only)								
Date of First Position Task Book Assignment								
Date of Last Assignment in this Trainee Position								
Number of Trainee Assignments Completed								
Relevant Red Card Qualifications (use position codes)								
	Points (to	be validat	ed	by Unit Training Officer)			,	
Percentage of PTB Completed  (E.g # of completed tasks divided by # of total tasks. This will give a number similar to 0.27, that is 27% = 3 points.)				Months Until Current PTB Expires				
Percentage	Points	Score		Months	Ро	ints	Score	
90-100	10	300.0		0-6		.0		
80-89	9			7-12		3		
70-79	8			13-18		5		
60-69	7			19-24	4			
50-59	6			25-30	2			
40-49	5			31-36	1			
30-39	4			3130		-		
20-29	3			1				
10-19	2			1				
0-9	1			-				
Needs assignment for recertification (was previously qualified but has lost currency)  Yes = 10								
The season of the season in the previous of qualified but has lost culterity)						No = 0		
1 110 0								
Required for position description qualification in primary job (justify in comments be						ow). Yes = 20		
The quantum position accompany quantum primary				No = 0				
Comments/Justification (Example: Qualification is required for my position within three years.)								
Qualification is required for career development and identified in employee's					Yes = 10			
						No = 0		
Has the individual completed all required training for this qualification?						Yes = 10		
Thus the marviadar completed an required training for this qualification:						No = 0		
- /o								
Agency/State or Cooperator (full-time) score = 50						Yes = 50		
Cooperator (Supplemental) or Emergency Firefighter (AD) score = 0						No = 0		
					ZON	E USE Of	NLY	
						<b>-</b>		
					_ /	Total Po	ints	
SIGNATURES								
I agree to follow the SW Standard Operating Procedures of the Priority Trainee Program.  PhonePhone								
Trainee Signature Date								
I agree to support this program and make the above individual available for trainee assignments.  Phone								
Supervisor/ FMO Signature Date								
Phone								
Validated by Unit Training Officer Signature					Date			